

Vermont Psychiatric Care Hospital Procedure

Restricted Items and Search

Revised: X

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Restricted Items are items that pose a potential risk of harm to self or others and include, but are not limited to, the following:

- all medications (Over The Counter and prescribed), illegal drugs, alcohol, and toxic substances;
- matches, lighters, cigarettes and other smoking materials;
- hair products must always be reviewed by the charge nurse. Some are acceptable, some are not (e.g., high alcohol content, pumps, etc.). aerosol products, and razors;
- hair dryers, curling irons, and other electric appliances;
- items that readily lend themselves to use as weapons (guns, metal knives, etc.);
- mirrors, bottles, and other items made out of glass;
- scissors, sewing kits, and other sharp objects;
- shoe laces, ties, string, straps, cords, belts, scarves, drawstrings, and other items that present a potential strangulation hazard;
- plastic bags;
- keys;
- hooded garments;
- perishable food when it is in a patient's room
- jewelry that could pose a strangulation or cutting hazard
- any other item that, at the discretion of staff, poses a potential risk of harm to self or others.

Plastic dining utensils are not considered restricted items; however, access to plastic utensils shall be closely monitored when a patient has been determined to be at high risk for serious harm to self or others.

Room Inspection: A room inspection is a scan of a patient room for potentially unsanitary or unsafe conditions. Items may be moved and/or uncovered to facilitate the inspection. Room inspections are also a means to assist the patient with structure, by providing organization and cleanliness within their living space. Room inspections shall be conducted on a daily basis.

Room Search: A room search is a thorough search of a patient room for potentially dangerous and restricted items. Room searches shall be conducted weekly and whenever there is a suspicion that restricted items are on the unit or in a patient room. Room searches are also conducted as part of unit searches.

Unit Search: A unit search is a thorough search of all patient rooms and all common areas of the unit. Unit searches shall be conducted weekly and whenever there is a suspicion that restricted items are on the unit.

Patient Search: A patient search is a search of a patient and his or her clothing and belongings for the purpose of identifying and securing restricted items. Patient searches shall be conducted upon admission and whenever a patient returns from off unit activities or visits. As with other searches, the extent of a patient search shall be based on a weighing of the relative risks and benefits of the search, including the potential for harm, the imminence of the harm, the risk of trauma to the patient, and whether less intrusive procedures exist which could verify the presence or absence of restricted items. All patient searches shall be conducted in a manner that respects the patient's dignity and privacy.

Strip Search: A strip search is a search in which a patient is asked to remove all of his or her clothing and expose the surface of his or her body to visual examination by a staff member. This type of search shall always be done in the presence of a physician and a Registered Nurse (RN). The gender of the staff conducting the search will be determined in collaboration with the patient, and after considering all relevant clinical factors. Strip searches shall only be conducted pursuant to a physician's order and following approval from the Chief Executive Officer and Medical Director or their designee, when there is reasonable suspicion that the patient is in possession of restricted items that pose a risk of harm to the patient or others.

Body Cavity Search: A body cavity search is a strip search that additionally involves the visual examination of the interior of the patient's mouth and a digital search of the rectum and vagina by a licensed physician. This type of search shall always be conducted by a physician and in the presence of a RN. The gender of the RN shall be determined in collaboration with the patient, and after considering all relevant clinical factors. Body cavity searches shall only be conducted pursuant to a search warrant or, in the event of an emergency, pursuant to a physician's written order and following approval by the Chief Executive Officer and the Medical Director or their designee. A physician shall only order a body cavity search when the physician reasonably believes that restricted items are sequestered within the patient's body and present an immediate risk of harm to the patient or others.

Security Sweep: Security sweep means a walk-through of the yard to visually inspect the area to identify whether any restricted items or other potential hazards are present.

A. General Considerations

1. Searches of patients, their belongings, or their rooms shall only be conducted by VPCH personnel trained in search procedures.
2. Unless otherwise warranted by health, safety, or security concerns, a patient must be given the option of being present when staff conduct a search of his or her belongings.
3. Staff shall open and examine the contents of any containers (e.g. food, clothing, boxes) that are brought into the units by patients and by patients' visitors, when the container is not secured by manufacturer's packaging.
4. To comply with standard precautions, staff members shall wear gloves when conducting a search.
5. When screening for potentially dangerous items brought into the units, staff shall make the initial determination as to whether an item, which is not included on the list of restricted items, could pose a danger. Whenever there is any uncertainty, questions shall be referred to the Nursing Supervisor.
6. Whenever restricted items are found in the unit or in a patient's possession, the items shall be removed, the incident shall be documented in the patient's medical record and an event report shall be completed.
7. Any personal items brought into the unit by visitors shall be subject to search. See *VPCH Visitors Policy and Procedure*.
8. In limited circumstances, based on a documented risk assessment, and after consultation with the Medical Director and Chief Executive Officer or their designee, the attending physician may write an order that deviates from this policy.

B. Patient Searches

1. Patients returning from ~~the~~ an outside Yard or Recovery Services (RS) space

- a) When a patient is returning from an outside Yard or RS space, staff may choose to implement any or all elements of search listed below that are necessary to ensure the safety of patients and others:
 - i. Explain the process to the patient, and specifically ask the patient whether he or she has any restricted items in his or her possession.
 - ii. Ask the patient to empty all pockets and turn them inside out.
 - iii. Staff shall ask patient to stand with feet apart and with arms lifted away from the body.
 - iv. To determine whether objects are concealed, staff shall scan patient with a metal detector wand.
 - v. If there is any reason to suspect that restricted items may be hidden on the patient or in the patient's undergarments, a physician must be called to determine whether or not a higher intensity search is necessary.

Staff shall not leave a patient unobserved at any time during the search process.

2. Patients returning from appointments outside of the hospital and from the VPCH Courtroom

- a) Staff shall conduct a patient search when a patient returns from an appointment outside of the hospital and from the VPCH Courtroom and shall:
 - i. Explain the process to the patient, and specifically ask the patient whether he or she has any restricted items in his or her possession.
 - ii. Ask the patient to empty all pockets and turn them inside out.
 - iii. Staff shall ask patient to stand with feet apart and with arms lifted away from the body.
 - iv. To determine whether objects are concealed, staff shall scan patient with a metal detector wand.
- b) At staff discretion, staff may:
 - ask the patient to remove jacket, coat, hat, and/or shoes
 - turn removed clothing inside out, check pockets, etc.
 - check shoes
 - turn socks inside out
 - lightly run fingertips of gloved hands down sides of patient's arms, legs and torso to feel for restricted items.
- c) If there is any reason to suspect that restricted items may be hidden on the patient or in the patient's undergarments, a physician must be called to determine whether or not a higher intensity search is necessary.
- d) Staff shall not leave a patient unobserved at any time during the search process.

3. Patients being admitted, returning from elopement or when a physician or an RN has determined that there is reason to suspect that restricted items may be hidden on the patient.

- a) This type of search shall always be conducted by a minimum of 2 staff members; one of whom is of the same gender (RN or Mental Health Specialist) as the patient, unless decided otherwise by the Nursing Supervisor. Staff conducting a patient search when a patient is being admitted or returning from elopement shall:

- i. Explain the process to the patient, and specifically ask the patient whether he or she has any restricted items in his or her possession.
- ii. Ask the patient to empty all pockets and turn them inside out.
- iii. Ask the patient to remove any jacket, coat, hat, shoes and any other outer clothing. Removed clothing shall be turned inside out, shaken out, pockets checked and hemlines examined for restricted items. Shoes shall be inspected,
- iv. Staff shall take belts and shoelaces from all patients. Patients who require substitute clothing or shoes to maintain dignity and appropriate appearance shall be provided with the necessary attire.
- v. Staff shall ask patient to stand with feet apart and with arms lifted away from the body.
- vi. To determine if objects may be concealed, staff shall scan patient with a metal detector wand. If there is any reason to suspect that contraband may be hidden on the patient or in the patient's undergarments, a physician must be called to determine whether or not a higher intensity search is necessary.
- vii. Before a newly admitted patient is permitted to enter the unit, unit staff shall require the patient to turn in his or her personal belongings and inventory those belongings in accordance with *VPCH Patient Personal Effects Policy and Procedure*.

- b)** At staff discretion, staff may :
- ask the patient to remove jacket, coat, hat, and/or shoes
 - turn removed clothing inside out, check pockets, etc.
 - check shoes
 - turn socks inside out
 - Lightly run fingertips of gloved hands down sides of patient's arms, legs and torso to feel for restricted items.

- c)** Staff shall not leave a patient unobserved at any time during the search process.

C. Strip Searches

1. A strip search may only be conducted upon a physician's order, following authorization by the VPCH Medical Director and the VPCH Chief Executive Officer or their designees. A decision to conduct a strip search shall be based on a reasonable suspicion that the patient is in possession of restricted items that poses a risk of harm to the patient or others.
2. Before ordering a strip search, the physician shall personally attempt to interview and assess the patient, and ask the patient whether he or she will consent to the search. The physician shall consider whether less intrusive procedures exist that could reasonably verify the presence or absence of restricted items. The physician shall document the rationale for the search.
3. Before ordering a strip search or a body cavity search, the physician shall consider and document the likelihood of trauma to the patient and the detrimental effect such a search may have on any existing or potential therapeutic alliance with the patient.
4. The search shall always be conducted by a minimum of two staff members in an area where privacy and safety can be assured. A strip search shall always be conducted by a Physician or a Registered Nurse. The gender of the staff conducting the search shall be determined in collaboration with the patient and after considering all relevant clinical factors.
5. The patient shall be asked to remove his or her clothing and put on a hospital gown. Staff shall visually examine the surface of the patient's body, lifting the hospital gown as necessary to complete the search. Staff shall also search the patient's clothing including pockets, hems, seams, and waistband.

6. Except where a specific article of clothing is found to contain restricted items, the patient's clothing shall be returned immediately after the search is completed. Staff shall document the results of the search in the patient's progress notes.
7. Patients who have undergone a strip search shall be offered counseling by an RN or physician or other qualified staff person once the search has been completed.

D. Body Cavity Searches

1. Before proceeding with the body cavity search, the physician shall consider the feasibility of alternative measures for confirming the presence of restricted items, such as x-rays, or other means of protecting the patient and others, such as constant one-to-one observation.
2. A body cavity search is a strip search that additionally involves the visual examination of the interior of the patient's mouth and a digital search of the rectum and vagina by a licensed physician. This type of search shall always be conducted by a physician and in the presence of a RN. The gender of the RN shall be determined in collaboration with the patient, and after considering all relevant clinical factors.
3. Body cavity searches may only be conducted pursuant to a search warrant or, in the event of an emergency, and following authorization by the VPCH Medical Director and the VPCH Chief Executive Officer or their designee, pursuant to a physician's written order. Only a licensed physician may perform the digital penetration of the vagina and rectum.
4. A physician shall not order a body cavity search except in cases where the physician reasonably believes that restricted items are sequestered within the patient's body and that they present an immediate risk of harm to the patient or others.
5. Before ordering a strip search or a body cavity search, the physician shall consider the likelihood of trauma to the patient and the detrimental effect such a search may have on any existing or potential therapeutic alliance with the patient.
6. The search shall be conducted in an area where privacy and safety can be assured.
7. Following the body cavity search, the physician shall document the results of the search in the patient's progress notes, including the rationale for the search.
8. Patients who have undergone a strip search or a body cavity search shall be offered counseling by an RN or physician or other qualified staff person once the search has been completed.

E. Non-Cooperative Patients

1. When a patient refuses to cooperate with a search, staff shall monitor the patient in a secure area and promptly summon a physician.
2. Patients refusing to cooperate with search procedures may be restricted to the unit.
3. When the patient refuses to consent to search procedures and the physician reasonably suspects that the patient is concealing restricted items that pose an immediate risk of harm on his or her person, and less restrictive alternatives have been considered, the physician may order the patient restrained so that the search may proceed. The physician who orders a non-cooperative patient placed in seclusion or restraint shall complete a Certificate of Need form documenting the rationale for the procedure pursuant to the *VPCH Emergency Involuntary Procedures Policy and Procedure*.

F. Room Inspections

1. All patient rooms shall be inspected for sanitation on a daily basis and documented on the Nursing Flow Sheet.
2. Unit staff shall conduct a scan of a patient room for potentially unsanitary conditions. Items may be moved and/or uncovered to facilitate the inspection.
3. Room inspections are also a means to assist the patient with structure, by providing organization and cleanliness within their living space.

4. Whenever restricted items are found in a patient's room or in patient's possession, the items shall be removed, secured and a patient event report shall be documented.

G. Daily Security Sweep of the Yard

Prior to daily use of the yard, a security sweep of the area shall be conducted. To conduct a security sweep, staff shall walk through the area, visually scan all surfaces to identify and remove any restricted items or other hazardous conditions. When restricted items are identified during a security sweep, an event report shall be completed.

H. Room and Unit Searches

1. On a weekly basis, an unscheduled (unannounced) unit search shall be conducted.
2. In addition, whenever there is suspicion that restricted items are concealed somewhere within the unit a unit search shall be conducted.
3. To conduct a unit search:
 - a. As each room is searched, the patients occupying that room are entitled to be present unless clinically contraindicated or unless otherwise warranted by health, safety, or security.
 - b. Two staff members must be present in order to search a patient's room.
 - c. The search shall include, but is not limited to, the following:
 - i. Behind and under furniture, above door and window frames;
 - ii. Contents of wardrobes (look in pockets, socks, sleeves, and legs of all clothing);
 - iii. Pillows and mattresses – with particular attention paid to incisions or protrusions;
 - iv. Under mattresses
 - d. Staff shall complete the Search Check List.
 - e. Staff shall also complete a thorough search of common areas of the unit including the bathrooms, laundry room, visitor's rooms, dining room, etc. Particular attention shall be paid to areas behind and under furniture, appliances and fixtures as well as door and window frames.
 - f. Staff shall document that the unit search was conducted. Restricted items found in a patient's room shall be documented on a patient event form.

I. Patients Placed on Constant Observation or Close Supervision

1. When a physician orders that a patient be placed on constant observation or close supervision during his or her hospital stay (but not at time of admission) as a result of assaultive or self-injurious behavior, staff may, at their discretion, conduct a patient search (consisting of any or all of the Search Tasks), and a thorough room search to ensure that the patient does not possess any restricted items. When patients are placed on CO or CS for other reasons, this type of search activity may not be warranted.
2. If restricted items are found, the items shall be removed, secured and a patient event report shall be documented.

J. Whenever Restricted Items Are Found

1. The Nursing Supervisor shall be notified anytime restricted items are found in the unit. S/he shall ensure that any restricted items found have been properly secured or disposed of and that an event report has been completed.
2. Any alcohol that is found during a search for restricted items shall be discarded by pouring down a drain. Illegal drugs shall be turned over to the Vermont State Police. The VPCH Chief Executive Officer or designee shall be immediately notified of any illegal restricted items found on Hospital premises and shall be responsible for any necessary notification of law enforcement authorities. *See VPCH Reporting Patient Criminal Activity to Law*

- Enforcement Policy and Procedure.* Other restricted items shall be removed and securely stored with the patient's belongings.
3. Weapons of any kind shall be removed from the patient's possession. Admissions staff shall contact the Vermont State Police to arrange for the disposal of any weapon taken from the patient. Question about whether or not any item requires a call to the State Police shall be referred to the Director of Nursing or designee. Patients shall not be permitted to possess weapons of any kind on Hospital premises. *See VPCH Weapons Policy.*
 4. Any patient found with restricted items in his or her possession without authorization shall be restricted to the unit until such time as the treatment team has an opportunity to reassess the patient's level of autonomy and supervision.

K. Patients Use of Restricted Items

1. **Patients may never use the following items in the unit under any circumstances:**
 - Guns, or other items that are commonly considered to be weapons.
 - Mirrors, bottles, or other items made from glass.
 - Illegal drugs, alcohol, toxic substances.
 - Lighters, matches.
 - Keys.
 - Cell phones and cameras.
2. **The following items may be used by patients under staff supervision, in the unit, unless a physician has specifically ordered otherwise:**
 - Blow driers, curling irons, and other electric appliances.
 - Razors – Patients may use safety or cordless electric razors for their daily shaving needs when such use is supervised by staff. Razors shall be returned to staff when the patient has finished shaving.
 - Hair products must always be reviewed by the charge nurse. Some are acceptable, some are not (e.g., high alcohol content, pumps, etc.). The hospital supplies small size containers of shampoo, conditioner, etc. that patients may keep in their possession.
 - Nail clippers may be used under staff supervision upon request. Nail clippers are not otherwise permitted on the patient care units.
 - Scissors or sewing supplies may be used during group activities under staff supervision.
 - On the unit, scissors and sewing supplies are used by individual patients under nursing staff supervision.
 - Writing utensils larger than an approved unit pen.
 - Materials used in psychosocial groups or individual activities under staff supervision (*See Recovery Support Guidelines for Use of Restricted Items on the Unit*).
3. **The following items may be used by patients off of the unit with a doctor's order:**
 - Shoe laces, ties, cords, belts, and other items used as belts such as drawstrings may be used only with a physician's order during time spent off of the unit.
 - Cell phones

4. In exceptional circumstances a doctor may order that a patient may have access to otherwise restricted items. All such cases shall be reviewed by the Medical Director and Chief Executive Officer or their designee.

Approved by VPCH Policy Committee	Date: May 7, 2015
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